



## Creative Aging Partnership Program Application

Organization Name

Mailing Address

City

County

State

Zip

Contact Name

Phone

Email

Program Title

Program Summary

Program Location

Number of Sessions

Session Length

Number of Participants

Description of Target Group

Description of Culminating Event

Teaching Artist Name

Phone

Email

PROJECT BUDGET

EXPENSES (Enter numbers without commas.)

Teaching Artist Fee \$

Materials/Supplies \$

Culminating Event \$

TOTAL \$

INCOME (Enter numbers without commas.)

Cash \$

Grants \$

In Kind \$

MAC Request \$

TOTAL \$